## UNIFIED CARRIER REGISTRATION FORM – UCR-2 VEHICLES OWNED AND OPERATED FOR THE 12 MONTH PERIOD ENDING June 30, 2015 UCR REGISTRATION YEAR 2016

(NOTE: This form is provided to assist you in maintaining required information. Carriers may also submit the requested data in electronic format or in a printout attached to this form. Contact your state agency for acceptable data formats.)

| SECTION 1. GENE   | RAL INFORMAT                               | ION                          |                          |                      |                               |                                  |  |
|---|--|------------------------------|--------------------------|----------------------|-------------------------------|----------------------------------|--|
| USDOT Number  | MC or MX Number                            | Number FF Number             |                          | Telephone Number     |                               | Fax Number                       |  |
| Legal Name  |  | -                            |                          | E-Mail Address       |                               | -                                |  |
| Doing Business Under The Following                                | Name (DBA)                                 |                              |                          | 1                    |                               |                                  |  |
| Principal Place Of Business Street Ad                             | dress (See Instructions)                   |                              |                          |                      |                               |                                  |  |
| Principal Business City   |  |                              | Principal Business State |                      | Zip Code                      |                                  |  |
| Mailing Street Address  |  |                              |                          |                      |                               |                                  |  |
| Mailing City  |  |                              | Mailing State            |                      | Mailing Zip Code              |                                  |  |
| SECTION 2. CLASS  | SIFICATION – CA                            | eck All Tha                  | t Apply                  |                      |                               |                                  |  |
| ☐ Motor Carrier   | ☐ Motor Private                            |                              | viippiy                  |                      |                               |                                  |  |
| SECTION 3. VEHIC  | CLE LIST                                   |                              |                          |                      |                               |                                  |  |
| The above described c   | arrier hereby declar                       | es that the fo               | ollowing vehic           | eles are the total   | al number owned and o         | perated for the 12 month         |  |
| period ending June 30,  |  |                              |                          |                      |                               |                                  |  |
| MAKE  | Num  | L/GVWR/<br>aber of<br>engers |                          | SE PLATE<br>CR/STATE | VII                           | N NUMBER                         |  |
| A: STRAIGHT TRUC  | KS   |                              |                          |                      |                               |                                  |  |
| AND TRACTORS  |  |                              |                          |                      |                               |                                  |  |
|   |  |                              |                          |                      |                               |                                  |  |
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|   |  |                              |                          |                      |                               |                                  |  |
| B. MOTOR COACHE<br>SCHOOL BUSES,<br>BUSES, VANS, AN<br>LIMOUSINES | MINI-                                      |                              |                          |                      |                               |                                  |  |
|   |  |                              |                          |                      |                               |                                  |  |
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| Use reverse side if nee   |  |                              |                          |                      |                               |                                  |  |
| <b>SECTION 4. CERTI</b> I, the undersigned, under                 | penalty for false state                    | ement, certify               | that the above i         | nformation is tr     | ue and correct and that I are | n authorized to execute and file |  |
| this document on behalf of<br>Name Of Owner Or Authorized Repres  | of the applicant. (Peresentative (Printed) | alty provision               | ns subject to the        | laws of the regi     | istration state.)             | Date                             |  |
| Signature   |  |                              |                          |                      | Title                         |                                  |  |
| Signature   |  |                              |                          |                      |                               |                                  |  |

| NIFIED CARRIER DOT Number   | MC or MX Number | FF Number                    | Carrier Name  |            |
|---|-----------------|------------------------------|---------------|------------|
|   |                 |                              |               |            |
|   |                 |                              |               |            |
| CHICLE LIST CON<br>MAKE   |                 | I (CXXVD)                    | LICENSE PLATE | VIN NUMBER |
| MAKE  | Nun             | L/GVWR/<br>nber of<br>engers | NUMBER/STATE  |            |
| A: STRAIGHT TRUCK<br>AND TRACTORS                                   | KS              |                              |               |            |
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| B. MOTOR COACHES<br>SCHOOL BUSES,N<br>BUSES, VANS, AN<br>LIMOUSINES | INI-            |                              |               |            |
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